POSITION	INITIALS	ID NO.	DATE
			1/
FEE DETERMINATION		partle	12/97/35
O.I.P.E. CLASSIFIER		59	1-16.00
FORMALITY REVIEW	/	65/03	1-14-11
RESPONSE FORMALITY REVIEW		6:27.172	3-2-00

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim   Date   Clai	
Final Original Original Original Original	
51 101	
2 7 7 9 102	
53 103	
54 104 105	
6 V V V V V S S S S S S S S S S S S S S	+++
8 / 1 / 108   108	
9 1 59 100 100	+++-
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14 64 114	
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17 67 117	
18 3 68 118	
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20 70 120	
21 71 121	$\sqcup \sqcup$
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29 79 129	
30 . 130	
31 81 131	
32 82 132	
33	
34 84 134	
35 135 135	$\bot$
36   86   136	++++
37 37 137 137	+++
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39	+++-
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47 97 147	<del>                                     </del>
48 98 148 148	1-1-1-1
49 99 149	
50 100 150 150	Ш

If more than 150 claims or 10 actions staple additional sheet here

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